PTO/SB/17 (12-04v2)
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4	Under the aperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control no							
STATE IN	Effective on 12/08/2004.			Complete if Known				
				Application Number	09/612,789			
		TRANSMITTA		Filing Date	July 10, 2000			

FEE TRANSMITTAI for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT \$1,190.00

Complete if Known						
Application Number	09/612,789					
Filing Date	July 10, 2000					
First Named Inventor	Satyan G. Pitroda					
Examiner Name	Tan H. Trinh					
Art Unit	2684					
Attorney Docket No.	2683/79382					

METHOD OF PAYMENT (check all that apply)								
Check Credit C	ard 🗆 1	Money Order	☐ None	Other	(please identify):			
Deposit Depos	Number:	23-0920	Deposit A	Account Name:	Welsh	& Katz, Ltd.		
For the above-identified do	For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filling fee								
Charge any additional fee(s) or any underpayment of fee(s) under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card Information should not be included on this form. Provide credit card Information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARC	H, AND EX FILING F		FEES SEARCH	H FEES Small Entity		ΓΙΟΝ FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid(\$)	
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
EXCESS CLAIM FEES Fee Description Each claim over 20 (included Each independent claim over Multiple dependent claims	•	•	s)			Fee (\$) 50 200 360	Small Entity Fee (\$) 25 100 180	
Takal Olahar	Futer Claim	- F /\$\		Fee Paid (\$)		Multiple D	ependent Claims Fee Paid (\$)	
<u>Total Claims</u> - 20 or HP =	Extra Claim			\$0.00		1 CC (W)	1 00 1 010 (9)	
HP = highest number of total classification HP = highest number of	aims paid for, Extra Claim	if greater than : s Fee (\$) X\$	20. 5100.00 =	Fee Paid (\$) \$0.00				
HP = highest number of independent claims paid for, if greater than 3. 3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listing under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets	Extra She			h additional 50 or		Fee (\$)		
100 =	0	/ 50 _	0	(round up to	a whole	× <u>\$125.00</u>		
4. OTHER FEE(S) Fee Paid (\$)								
Non-English specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Request for Continued Examination & Pet. Extension of Time-4 mo. Fees \$1,190.00								

SUBMITTED BY					
Signature	Utola Marcell	Registration No. (Attorney/Agent)	39,724	Telephone	312-655-1500
Name (Print/Type)	Walter J. Kawu	la, Jr., Esq.		Date	10/27/105

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.